

RECEIVED VIA EMAIL 1/26/2015

PRINTED: 01/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>es</i>	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER HEATHER GLEN AT ARDENWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 103 APPLACHIAN BLVD ARDEN, NC 28704 <i>County: Buncombe</i>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted a biennial survey on January 14, 2015 and January 15, 2015.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 8 sampled staff (Staff D) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256. The findings are: Review of Staff D's personnel records revealed: -Documented date of hire of 4/29/14. -No documentation of a HCPR check. -Staff D was hired as a medication aide. Interview on 1/15/15 at 11:45am with the Human Resources Director revealed: -She was surprised not to find a HCPR check for Staff D. -"It might have been misplaced in someone else's file." -The HCPR check is a part of the new hire process. -When new staff sign the criminal background	D 137	10A NCAC 13F .0407(a)(5) Going forward the Human Resources Director will verify that each new employee does not have substantiated findings on the North Carolina Personnel Registry. The Human Resources Director will create a spreadsheet to track the date of the verification, the findings, and the verification confirmation number. The Human Resources Director will send this spreadsheet to the Assisted Living Director once per month for auditing purposes. The Assisted Living Director will audit this spreadsheet against the list of newly hired employees, to ensure verifications were completed. This audit will be completed by February 15, 2015 and by the 15 th of each month thereafter.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maura Davis

TITLE

Assisted Living Director

(X6) DATE

1/26/2015

STATE FORM

6899

S2YP11

If continuation sheet 1 of 2

POC accepted Casey Fitzgerald 1/26/2015

Division of Health Service Regulation

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D 137	<p>Continued From page 1</p> <p>and drug screen release forms their information is entered into the computer, "including HCPR." -"I know it was done, I do it on everyone, it must have been misplaced."</p> <p>Review of a HCPR check completed on 1/15/15 by the Human Resources Director for Staff D revealed no substantiated findings.</p> <p>Interview on 1/15/15 at 12:15pm with the Administrator revealed all new hire paperwork, including the HCPR check, is the responsibility of the Human Resources Director.</p> <p>Interviews with residents, family members and staff during the survey on 1/14/15 and 1/15/15 revealed no complaints or concerns with care or services provided by Staff D.</p>	D 137		



January 26, 2015

Mr. Casey Fitzgerald
Licensure Consultant
Adult Care Home Licensure Section
Division of Health Services Regulation
12 Barbetta Drive
Asheville, NC 28806

Dear Mr. Fitzgerald:

Attached is the Plan of Correction for the biennial survey conducted at Heather Glen at Ardenwoods assisted living on January 15, 2015. Corrective action will be complete by February 15, 2015.

Please let me know if you have any questions.

Sincerely,

Maureen Davis
Assisted Living Director

Shook, Linda

From: Shook, Linda
Sent: Tuesday, February 03, 2015 4:35 PM
To: Cathie Beatty (Cathie.Beatty@buncombecounty.org)
Cc: Fitzgerald, Casey E; Burns, Pam S
Subject: HEATHER GLEN at ARDENWOODS - BUNCOMBE COUNTY
Attachments: Heather Glen at Ardenwoods 2015-01-26 POC-S2YP11.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
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